

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE APPLICATION OF: NAGAIKE, Kazuhiro *et al.*

APPLICATION NO.: 10/591,787

FILED: March 3, 2005

FOR: RECOMBINANT VARICELLA-ZOSTER VIRUS

EXAMINER: UNKNOWN

ART UNIT: UNKNOWN

CONF. NO: UNKNOWN

**Power of Attorney by Assignee and Certification Under 37 CFR § 3.73(b)**

Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

I, the undersigned, acting on behalf of the Assignee of the entire right, title and interest in the above-identified patent application, by virtue of an Assignment filed concurrently herewith, appoint the attorneys and agents listed below to prosecute this application and transact all business with the U.S. Patent and Trademark Office in connection therewith. This appointment is to the exclusion of the inventor(s) and their attorney(s) and agent(s) in accordance with the provisions of 37 C.F.R. § 3.71.

All prior powers of attorney for this application are hereby revoked. The Assignee hereby appoints all attorneys and agents associated with Customer No. 22918.

Direct all telephone calls to Jacqueline F. Mahoney at (650) 838-4410. Address all correspondence to:

Customer No. 22918

Perkins Coie LLP  
P.O. Box 2168  
Menlo Park, California 94026

In accordance with 37 C.F.R. § 3.73(b), I hereby certify that I am empowered to act on behalf of the Assignee. To the best of my knowledge and belief, title is in the Assignee, as evidenced by the Assignment noted above.

I further declare that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, USC § 1001 and that such willful false statements may jeopardize the validity of this application or any patent resulting therefrom.

ASSIGNEE: The Research Foundation for Microbial Diseases of Osaka University  
Signature: Yasushi Higashi  
Typed Name: Yasushi Higashi  
Title: chairman, the board of directors  
Date: January 15, 2007  
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